

Maine Department of Labor Bureau of Unemployment Compensation CLAIMANT'S STATEMENT OF CIVILIAN SERVICE WAGES, AND REASON FOR SEPARATION		1. Local Office			
2. Name of Claimant		3. Social Security Numbers(s)			
				4. Type of Claim ("X" One) <input type="checkbox"/> New <input type="checkbox"/> Additional	
6. Employer (Federal Agency)		7. Employment Address			
				5. Date Filed	
				8. Dates of Employment	
		From: _____			
		To: _____			
9. Gross Wages Received From Above Agency (Complete only if a new claim)					

9a. Base Period

Quarter	Ending	Year	9b. Gross Wages in Federal Civilian Service	9c. DOCUMENTARY EVIDENCE (Submitted by claimant showing Federal civilian employment)
		20		
		20	\$	
		20	\$	
		20	\$	
		20	\$	
		20	\$	
TOTAL GROSS WAGES			\$	

10. Lump-Sum Payment(s) Received For Terminal Annual Leave				
10a. Amount of Payment		10c. Amount of Terminal Annual Leave		10d. Effective Period of Terminal Leave
				Time
				Date
10b. Date of Payment		Days		From: _____ o'clock
		Hours		To: _____ o'clock
11. SEVERANCE PAY. Is claimant entitled to receive severance pay provided by section 9 of Public other Federal Law, or agency-employee agreement (e.g., TVA)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Reason for Separation				

I, the claimant, understand: that penalties are provided by law for an individual making false statements to obtain benefits; that any determination based on this affidavit is not final; that it is subject to correction upon receipt of wage and separation information	from the federal agency for which I worked; that benefit payments made as a result of such determination may have to be adjusted on the basis of information furnished by the federal agency; and that any amount overpaid may have to be repaid or offset against future benefits.
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I, the claimant, declare that the above statements, to the best of my knowledge and belief, are true and correct; furthermore, I understand that penalties are provided by law for an individual making false to obtain benefits.

Signature of Claimant	Date	Signature of State Agency Representative	Date